

## **Appendix C**

### **Breastfeeding Appendices**

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#### **The World Health Organization Code of Marketing of Breast Milk Substitutes**

The World Health Organization Code of Marketing of Breastmilk Substitutes (the WHO Code) was approved at the World Health Assembly in May, 1981.

Currently, the WHO Code is the only tool for establishing a basis for consistent international practice to protect infants, parents and health workers from commercial pressures. The aim of the code is “to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by the proper use of breast milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.” The main points of the code are as follows:

1. No advertising of breast milk substitutes.
2. No free samples of breast milk substitutes to mothers.
3. No promotion of products through health care facilities.
4. No company personnel to advise mothers.
5. No gifts or personal samples to health workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of the product.
7. Information to health workers should be scientific and factual.
8. All information on artificial feeding, including the labels, should explain the benefits of breastfeeding and the costs and hazards associated with artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
10. All products should be of a high quality and take into account the climatic and storage conditions of the country where they are used.

## THE INNOCENT DECLARATION ON THE PROTECTION, PROMOTION AND SUPPORT OF BREASTFEEDING, 1990

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### **RECOGNIZING that**

Breastfeeding is a unique process that:

- provides ideal nutrition for infants and contributes to their healthy growth and development;
- reduces incidence and severity of infectious diseases, thereby lowering infant morbidity and mortality;
- contributes to women's health by reducing the risks of breast and ovarian cancer, and by increasing the spacing between pregnancies;
- provides social and economic benefits to the family and the nation;
- provides most women with a sense of satisfaction when successfully carried out.

### **Recent research has found that:**

- these benefits increase with increased exclusiveness<sup>1</sup> of breastfeeding during the first six months of life, and thereafter with increased duration of breastfeeding with complementary foods; and
- program interventions can result in positive changes in breastfeeding behavior.

### ***We Therefore Declare That***

As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breastmilk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner.

Attainment of a goal requires, in many countries, the reinforcement of a breastfeeding culture and its vigorous defense against incursions of a bottle-feeding culture. This requires commitment and advocacy for social mobilization, utilizing to the full the prestige and authority of acknowledged leaders of society in all walks of life. Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behavior towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.

Measures should be taken to ensure that women are adequately nourished for their optimal health and that of their families. Furthermore, ensuring that all women also have

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<sup>1</sup> Exclusive breastfeeding means that no other drink or food is given to the infant; the infant should feed frequently and in unrestricted periods.

access to family planning information and services allows them to sustain breastfeeding and avoid shortened birth intervals that may compromise their health and nutrition status, and that of their children.

All governments should develop national breastfeeding policies and set appropriate national targets for the 1990s. They should establish a national system for monitoring the attainment of their targets, and they should develop indicators such as the prevalence of exclusively breastfed infants at discharge from maternity services, and the prevalence of exclusively breastfed infants at four months of age.

National authorities are further urged to integrate their breastfeeding policies into their overall health and development policies. In so doing they should reinforce all actions that protect, promote and support breastfeeding within complementary programs such as prenatal and perinatal care, nutrition, family planning services, and prevention and treatment of common maternal and childhood diseases. All health-care staff should be trained in the skills necessary to implement these breastfeeding policies.

***Operational Targets: All governments by the year 1995 should have:***

- appointed a national breastfeeding coordinator of appropriate authority, and established a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;
- ensured that every facility providing maternity services fully practices all ten of the *Ten Steps to Successful Breastfeeding* set out in the joint WHO/UNICEF statement protecting, promoting and supporting breastfeeding: the special role of maternity services;
- taken action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety; and
- enabled imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

***We also call upon international organizations to:***

- draw up action strategies for protecting, promoting and supporting breastfeeding, including global monitoring and evaluation of their strategies;
- support national situation analyses and surveys and the development of national goals and targets for action; and
- encourage and support national authorities in planning, implementing, monitoring and evaluating their breastfeeding policies.